

City of Flagstaff Parks and Recreation 211 W. Aspen Ave.

Reservation #:
Phone: (928) 779-7690
Fax: (928) 213-4830

Use Permit

Event Name:					
Name of Facility: Es			timated # of Participants:		
Date(s) & Hour(s) of Use (include set-up	& break down time):				
1	3				
2	4				
Organization's Name (if applicable):					
Person Responsible:					
Address:					
City:	S	tate:	Zip:		
Home Phone: Work	Phone:	_ E-Mail Addr	ess:		
Will you advertise your event using radio, television or newspaper?			Yes []	No []	
Will you distribute or sell alcoholic beverages to the general public?			Yes[]	No []	
Will you distribute or sell food or nonfood items to the general public?			Yes[]	No []	
Will you have amplified music or voice?			Yes[]	No []	
Will you set up equipment, decorations, etc.?			Yes[]	No []	
Will you need a sports equipment bag (additional fees apply)?			Yes[]	No []	
Please give a brief description of your	activities:				
damages sustained as a result of ar held responsible, as part of this requiregulations, and conditions of use as individual or group.	quest for use of City pro	perty. I will	l abide by all p	policies, rule:	
Applicant's Signature:		D	ate:		
Deposit \$ Electricity \$	Lat Tot	uipment Bag \$_ e Fees \$			
2. Presentation of Certificate of Insurar		No []	N/A[]		
3. Presentation of Alcohol Beverage Lic	ense Yes []	No []	N/A[]		
4. Special Events Application on File	Yes[]	No []	N/A[]		
5. Conditions of Use (attach additional sl	heets if necessary):				
Approved By:		I	Date:		

Revised: 7/25/03